

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for dates of service 7-10-01 and 8-13-01.
- b. The request was received on 7-10-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 8-15-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 8-16-02. The carrier's three (3) day response was received in the Division on 7-16-02. The Respondent did not respond to the additional documentation; its initial response is reflected as Exhibit II.
4. Notice of "Additional Information Submitted by Requestor" is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 7-10-02:

"The EOB simply indicated a generic fee guideline reduction for DOS 7/10/01...To perform the services billed, Dr. \_\_\_\_ maintained direct 1-on-1 physical, visual and verbal contact with the patient face to face, for 30-45 minutes. Electro-auricular pain management is a very time intensive procedure that requires constant attendance and focus by the physician for the entire length of treatment (30-45)."
2. Respondent: No position statement noted in the three (3) day response.

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 7-10-01 and 8-13-01.
2. The Carrier has denied the disputed service on 7-10-01 as reflected on the EOBs as “D – DUPLICATE BILL 88888888-H-604820-0”; “F – REDUCTION ACCORDING TO MEDICAL FEE GUIDELINE”; No EOBs were noted for date of service 8-13-01.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
7-10-01	97139-AC	\$96.00	\$40.00	F, D	No MAR DOP	MFG; Medicine Ground Rules; (I) (C); CPT Descriptor	<p>The Carrier has denied the disputed service as “F and D”.</p> <p>CPT Code 97139 is a DOP (documentation of procedure) code, and cannot be reduced pursuant to a MAR value.</p> <p>Therefore, documentation supports that two areas of auricular electro acupuncture were applied for pain management. Additional reimbursement is recommended in the amount of <b>\$56.00</b>.</p>
8-13-01	97032	\$66.00	\$-0-	No EOB	\$22.00 ea 15 min unit	MFG; Medicine Ground Rules (I) (A) (10) (a); CPT Descriptor	<p>The Provider has indicated that no EOBs were received from the Carrier. The Carrier, in their three (3) day response, failed to include any EOBs that would support their denial of this code. Therefore the code in dispute will be reviewed as an “F” denial.</p> <p>Documentation supports that 3 units of alpha stimulation were performed to the knee and cervical neck.</p> <p>Reimbursement is recommended in the amount of <b>\$66.00</b></p>
8-13-01	99213	\$48.00	\$-0-	No EOB	\$48.00	MFG: Evaluation /Management (IV) (C); CPT Descriptor	<p>The Provider has indicated that no EOBs were received from the Carrier. The Carrier, in their three (3) day response, failed to include any EOBs that would support their denial of this code. Therefore the code in dispute will be reviewed as an “F” denial.</p> <p>Documentation meets two of the three required components and therefore, supports that the services were rendered as billed.</p> <p>Reimbursement is recommended in the amount of <b>\$48.00</b>.</p>

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8-13-01	97139-AC	\$96.00	\$-0-	No EOB	\$48.00	MFG; Medicine Ground Rules; (I) (C); CPT Descriptor	<p>The Provider has indicated that no EOBs were received from the Carrier. The Carrier, in their three (3) day response, failed to include any EOBs that would support their denial of this code. Therefore the code in dispute will be reviewed as an "F" denial.</p> <p>CPT Code 97139 is a DOP (documentation of procedure) code, and cannot be reduced pursuant to a MAR value.</p> <p>Therefore, documentation supports that two areas of auricular electro acupuncture was applied for pain management. Additional reimbursement is recommended in the amount of <b>\$96.00</b>.</p>
<b>Totals</b>		\$306.00	\$40.00				The Requestor is entitled to reimbursement in the amount of <b>\$266.00</b> .

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$266.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 9<sup>th</sup> day of December 2002.

Lesia Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

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